

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

7/22/21

SHORT FORM

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	RECEIVED BY LOS ANGELES COUNTY 2021 JUL 26 PM 2:44 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Diana Craighead

STREET ADDRESS

CITY
Long Beach

STATE ZIP CODE
CA 90815

AREA CODE/DAYTIME PHONE NUMBER
(562) 997-8240

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

LBUSD Governing Board

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 21, 2021
DATE

By _____
OFFICEHOLDER OR CANDIDATE